

**COMMUNITY TIES OF AMERICA**  
**Provider Inspection Guide**

Date of Today's Visit: <b>1/28/2020</b>	PCG Provider No: <b>2-582769</b>	CCFFH Address: <b>1506 Mailani St. Hilo. HI 96720</b>				
Date of Last Visit: <b>6/20/19</b>	Name and Credentials of CG (41.a.2) or (3P Staff)	CG#1 <b>Marisol Galzote</b>	CG#2 <b>Randy Galzote</b>	CG#3 <b>Emely Castro</b>	CG#4	CG#5
PCG 21, SCG 18 years old (41.b.1)		<b>CNA ✓</b>	<b>CNA ✓</b>	<b>CNA ✓</b>		
3 Client All Caregivers are 21 (3P Staff)						
Date added to home as a SCG			<b>10/26/16</b>	<b>10/1/18</b>		
Liability Insurance (51.a.1)		✓	✓	✓		
Fingerprinting (8.a.1) Only 1 set needed before 11/1/08		✓	✓	✓		
APS/CAN checks (8.a.2)		✓	✓	✓		
State Name Check (8.a.1)		✓	✓	✓		
Confidentiality/ Privacy Rights Training (16.b.5)			✓	✓		
PCG Home Resident (41.a.1)/SCG HHM Y/N - make sure it is listed in ODIE if HHM		<b>Y</b>	<b>Y</b>	<b>N</b>		
PCG in home exp. (41.a.3) SCG exp if 3 person home (3P Staff)		✓	✓	✓		
Disclosure Form (41.b.4)		✓	✓	✓		
Driver's License w/ current Auto Ins (100 BI/30 PD) Or Alt. Trans. Plan (41.b.5) or (51)		✓	✓	✓ alt		
TB - PPD/CXR Exam (41.b.7) renewal (335-395 days)		✓	✓	✓		
CPR (41.b.8)		✓	✓	✓		
First Aid (41.b.8)		✓	✓	✓		
BBP/Infection Control (41.b.8)		✓	✓	✓		
PCG 12 & SCG 8 hrs of Annual Training (41.c)		✓	✓	✓		
3 Client - all CG 12 hrs in 12 mos. or 24 hrs in 24 mos.		✓	✓	✓		
CTA SCG Approval Form (41.e)			<b>10/26/16</b>	<b>12/28/17</b>		
Fire Drills (46) or (3P Fire) (only when clients in home)		✓				
Smoking Policy (49.e)		✓				
Emerg. Preparedness Plan (50.a)		✓				
CCFFH Fiscal Records (monthly budget, tax returns or bank statements) (52)		✓				
Visiting Hours - 24/7 Restrictions must be listed in S/P (53.b.15)		✓	3 CLIENTS:	✓	Substitute Driver Requirements (41.b.5.C)	✓
Resource List (54.a.3) Can access online		✓	3 Client-Sign Out (3P Staff)			
ADULT HOUSEHOLD MEMBER'S NAME:	TB Clearance (41.f.1)	Fingerprinting (8.a.1)	APS/CAN Check (8.a.2)	State Printout (8.a.1)	Confidentiality Training (16.b.5)	
HHM#1 <b>Blas Galzote</b>	✓	✓	✓	✓	✓	
HHM#2 <b>Librada Galzote</b>	✓	✓	✓	✓	✓	
HHM#3 <b>Maurice Galzote</b>	✓	✓	✓	✓	✓	
HHM#4						
HHM#5						
HHM#6						

What changes do you report to CTA

What kinds of situations require you to do an adverse event report

How many weeks notice and to whom to do you give notice to discharge a client

What happens if a home cannot be found even though you gave a notice

Can you refuse to get a client from an ER or hospital that has been your client when they are ready for discharge

Where do you keep your records

Confirm that there are no verbal or written contracts for exclusivity with CMAs

All of your HHM's and SCG's know to let CTA/DHS/APS in immediately when they come

What happens to the client record when discharged

Client #1 <b>Nell Ballesleros</b>	CMA#1 <b>Blue water</b>	<b>(M)</b> <b>(P)</b>
Client #2 <b>Eva Arakawa</b>	CMA#2 <b>" "</b>	
Client #3	CMA#3	

## Foster Family Home - Corrective Action Report

Provider ID: 2-582769

Home Name: Marisol Galzote, CNA

Review ID: 2-582769-7

1506 Mailani Street

Reviewer: Lori O'Keefe

Hilo HI 96720

Begin Date: 1/28/2020

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted for this 3 bed home. Home is in full compliance with HAR's. No further action required.

Lori O'Keefe RN  
Compliance Manager  
Marisol Galzote  
Primary Care Giver

1/28/2020  
Date  
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Date